



City of Scottsdale Use:

New _____

Updated _____

Processed by _____

City of Scottsdale
Human Resources
Credit Card Automatic Authorization Payment Option

Please complete this authorization form designating your credit card to be charged. The charge against your credit card will occur when your transactions are completed. To provide sufficient time to cancel a payment or stop the automatic payment option, you must notify our office 10 (ten) days in advance. Your credit card statement will display City of Scottsdale as a description of the charge.

Please provide the following REQUIRED information:

Payer Name: _____

Please check only one: Master Card _____ Visa _____ American Express _____

Credit Card Number _____ **Expiration Date** _____
(Customer is responsible for informing the City of Scottsdale of any credit card changes or expiration date change)

Credit Card Owner _____

Your daytime telephone number _____

Contact person (s) _____

I hereby authorize the City of Scottsdale, until otherwise instructed in writing, to pay and charge to my credit card account all City of Scottsdale Insurance Premium charges rendered against the undersigned, by the City of Scottsdale. I understand that to remain on this automatic payment plan, I must maintain sufficient available credit in my designated credit card account. Failure to do so may result in discontinuance of the credit card automatic payment option and termination of insurance coverage. I also must report immediately, to the City of Scottsdale, any changes to my credit card account including expiration date changes.

I understand that requests to discontinue or change this, must be made in writing and sent to:

City of Scottsdale
Human Resources Benefits
7575 E. Main St.
Scottsdale, Arizona 85251
(480) 312-7600 Or Fax (480) 312-7960

Signature _____ **Date** _____

Print your Name _____